

Change Report Form

HW0592
Rev 02/2015

Submit this form only when you have a change to report

To ensure you receive the correct benefit amount each month, please report changes in your situation. Use the table below to see the changes you must report. To report a change, you may use this form, call the Department, or visit a local Department office.

Important: Attach proof of the changes you are reporting

Use this form to report a change

1. Complete all fields
2. Sign the form
3. Attach proof of your change
4. Mail or return the form to the Department

Contact the Department

Mail: P.O. Box 83720, Boise, ID 83720-0026

Phone: 1-877-456-1233

Fax: 1-866-434-8278

Local office: healthandwelfare.idaho.gov

First Name	Middle Name	Last Name	Case number or Social Security Number
Daytime Phone	Phone type (choose one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	If none, where can we leave a message?	

Briefly describe what changed:

Date change occurred or will occur:	Will this change continue next month? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe why not:
-------------------------------------	--

Penalty for Misrepresentation

Signature (must be completed)

Failure to accurately report changes in your situation may result in a loss or reduction of benefits and legal action to recover overpayments. Under penalty of perjury, I swear or affirm that the information I provide is true and complete.

Signature of applicant

Date

If any member of your household receives Medicaid or Advance Payment of Premium Tax Credit (APTC), answer the following questions:

Tell us the total amount of all earned and unearned income your household receives for the current year (January-December).

Include: wages, salary, tips, self-employment, rental, retirement, unemployment, disability, and tribal gaming payments.

NOTE: DO NOT include Social Security survivors, SSI, or other tribal income.

\$ _____

Tell us the total amount of Social Security disability or Social Security income your household receives for the current year (January-December).

\$ _____

Indicate whether the change you are reporting is associated with any of the following events for any member of your tax household.

- ☐ Marriage
- ☐ Divorce
- ☐ A job ended
- ☐ Income increased or decreased
- ☐ Government-sponsored insurance ended
- ☐ A change in who is claimed on the tax return
 - ☐ Someone added
 - ☐ Someone removed

☐ Other (please specify in the area below)

Reporting Requirements: report these changes

Use this table to identify the changes to report depending on the benefits you receive.

If you have questions, please contact the Department.

Report the changes listed in this column	Food Stamps	Medicaid/CHIP or AABD Cash	Child Care	Temporary Cash Assistance for Families	Advance Payment of Premium Tax Credit (APTC)	Nursing home, home-based services, assisted living
Increases to your income					X	X
A new address		X	X	X	X	X
Change in child care provider			X			
When someone leaves or joins your household		X	X	X		
Change in activity hours from part time to full time or full time to part time			X			
Activity hours change to zero			X			
If you change your tax filing status or household					X	
If your out-of-pocket medical expenses decrease						X
If you begin receiving health coverage through your employer or another source such as Medicare, Tri-Care, VA, etc.					X	
If your income increases over the stated limit for your program.	X	X	X	X	X	X